	STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION	DIVISION OF UNDERGROUND STORAGE TANKS 4TH Floor, L & C Tower 401 Church Street Nashville, TN 37243-1541

UST OPERATIONS INSPECTION	**FACILITY ID # _____-_____**
Date: Mo_____/Day_____/Yr_____	OWNER ID # _____

I. FACILITY INFORMATION	
Facility Name:	Owner Name:
Address:	Owner Address:
Facility Phone #: ( )	Phone #: ( )
Latitude:	Longitude:

Is certificate information correct? Yes____ No_____ If No, complete and submit an Amended Notification Form.

Are all regulated tanks registered? Yes ____ No_____ If No, notify UST Notification Section.

TANK INFORMATION: Note: Complete for each tank

	Tank	Tank	Tank	Tank	Tank
1. Tank Number (1,2,3, etc.) If compartmentalized, use A, B, C, etc. to designate.					
2. Product Stored (gasoline, diesel, kerosene, etc.)					
3. Capacity (In gallons)					
4. Installation Date:					
5. Tank Construction Material: Indicate Fiberglass (FG), Steel (ST), Composite (Comp), Other (specify)					
6. Tank Status: Indicate CIU, TOS, POS, Exempt, Not Reported (If necessary, complete Schedule L)					
7. Method of Release Detection For Tank: See *Note and Complete Appropriate Schedule					
8. Type of Corrosion Protection Installed: Indicate Sacrificial Anodes (SA), Impressed Current (IC), Lined Interior (LI), Not Required (NR), or None. Complete Schedule B if corrosion protection required.					
9. Spill Prevention Device Installed: (Yes, No, or NR)					
10. Type of Overfill Prevention Device Installed: Indicate Automatic Shutoff (Auto), Flow Restriction Device (FR), Alarm, Not Required (NR), or None. Complete Schedule C if spill/ overfill required.					
11. Piping Type: Indicate Pressure (P), U.S. Suction (US), Safe Suction (SS), Gravity Feed (Grav). (Complete Schedule C)					
12. Method of Release Detection for Piping: See *Note and Complete Schedule C					
13. Piping Construction Material: Indicate Fiberglass (FG), Steel (ST), Flex Plastic (FP), Other (Specify)					

Inspector's Signature:	Inspector's Initials:

Tank Owner or Agent Signature:	Title:	Date:

*** Note:** Leak Detection Abbreviations and Schedules: Manual Tank Gauging (MTG- Sch G), Inventory Control and Tank Tightness Testing (IC-TT- Sch E), Statistical Inventory Reconciliation (SIR- Sch F), Automatic Tank Gauging (ATG- Sch D), Vapor Monitoring (VPM-Sch H), Groundwater Monitoring (GWM-Sch I), Interstitial Monitoring and/or Secondary Containment (INTM- Sch J)

TANK UPGRADING & CORROSION PROTECTION	FACILITY ID # _____-_____				
TANK UPGRADING					
1. Was tank integrity properly assessed prior to upgrading? (Yes or No) (Use Notes to note any deficiencies)					
2. Is tank owner using monthly monitoring after upgrading? (Yes or No)					
CATHODIC PROTECTION (CP) TANKS AND PIPING					
Tank Number	Tank	Tank	Tank	Tank	Tank
3. Is CP system Sacrificial Anodes (SA), Impressed Current (IC), or Lined Interior (LI)? (Lined Interior used for tanks only)	Tank	Tank	Tank	Tank	Tank
	Piping	Piping	Piping	Piping	Piping
4. Indicate date corrosion protection system was installed:					
5. Date and result of most recent CP system test. (Indicate Pass (P) or Fail (F).					
6. Date and result of prior 3-year CP system test. (Indicate Pass (P) or Fail (F).					
7. Are the results of the last three IC system inspections available? (Yes or No)					
8. If flex connectors or swing joints are installed, are they adequately protected from corrosion? (Yes or No) If Yes, complete question 9.					
9. Kind of corrosion protection in use or has CP testing been done?					
INTERIOR TANK LINING					
10. Date of internal lining installation:					
11. Was tank shell structurally sound prior to installation of lining? (Yes or No)					
12. Was tank tightness test performed after installation of lining? (Yes or No)					
13. Date and result of periodic internal tank inspection:					

Notes:_____

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Inspector's Signature:	Date:

PIPING LEAK DETECTION	FACILITY ID # _____-_____				
Tank Number	Tank	Tank	Tank	Tank	Tank
SECTION A- PRESSURIZED PIPING					
1. Release Detection Method for Piping (See Note on Schedule A)					
2. Line Leak Detectors:					
a. Are Line Leak Detectors Mechanical (M) or Electronic (E)?					
b. Date and result of annual LLD test (or functional test for ELLD)					
3. Line Tightness Test:					
a. Can owner show a passing 0.2 gph ELLD result each month?					
b. Date and result of last annual line tightness test, if required.					
4. Do release detection records indicate a suspected release? (Yes or No)					
5. If yes, were all suspected releases properly investigated? (If Yes, include info in Notes section.)					
SECTION B- SUCTION PIPING					
6. Type of Suction Piping: Indicate (Safe) or (U.S.)					
7. Method of Release Detection for Piping, if required. (See Note on Schedule A)					
8. Date and results of last triennial line tightness tests, if required.					
SPILL & OVERFILL PREVENTION					
9. Are tanks equipped with spill containment devices? (Yes or No)					
10. Are tanks equipped with overfill prevention devices? (Yes or No)					
11. Type of Overfill: Automatic Shutoff (Auto), Flow restriction (FR), or Alarm?					
12. If by Alarm, is Alarm functional? (Yes or No)					
13. Is the Alarm visible and/or audible to the delivery driver? (Yes or No)					

Notes:_____

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Inspector's Signature:	Date:

AUTOMATIC TANK GAUGING	FACILITY ID # _____-_____

1. Manufacturer Name of ATG and Model # :
2. Type of leak test performed: Indicate Static (S) or Continuous (C)
3. What is the threshold of the leak test performed? _____ gph
4. Is a "PASS" leak test result available for each month of operation? Yes_____ No_____
   (ATG history can only be used to supply missing data, not 12 months of records)

ATG LEAK TEST RESULTS (Indicate PASS (P), FAIL (F), Invalid (I), or None)

Month/ Year	Tank	Tank	Tank	Tank	Tank
January 20_____					
February 20_____					
March 20_____					
April 20_____					
May 20_____					
June 20_____					
July 20_____					
August 20_____					
September 20_____					
October 20_____					
November 20_____					
December 20_____					
5. Do release detection records indicate indicate a suspected release? (Yes or No)					
6. If yes, were all suspected releases properly investigated? (If Yes, include info in Notes section.)					

Notes:_____

Inspector's Signature:	Date:

TANK TIGHTNESS TESTING & INVENTORY CONTROL	FACILITY ID # _____-_____

The combined method of release detection (inventory control with periodic tank tightness testing) is a temporary method of release detection, and may only be used for the first 10 years of the life of the tank, or 10 years from the date of upgrade, whichever is later.

Method of Tank Tightness Testing: _____

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TANK TIGHTNESS TEST (Complete all information for each tank)

Tank Number	Tank	Tank	Tank	Tank	Tank
1. Are tank tightness test results available for inspection? (Yes or No)					
2. Date of last tank tightness test:					
3. Did tank pass last test? (Yes or No)					
4. If tank failed test, what actions have been taken? (List Actions in Notes Section)					
INVENTORY CONTROL (Answer Yes or No for each question)					
5. Are all inventory records for the last 12 months available and properly maintained?					
6. Are appropriate conversion charts used for calculating volume?					
7. Are monthly water level readings recorded?					
8. Is equipment capable of measuring product level to the nearest 1/8 inch over entire height of tank?					
9. Have all dispensers been calibrated in the last 12 months?					
10. Are monthly overages and shortages less than 1% +130 gallons of tank's flow through volume?					
11. Are the tanks equipped with drop tubes?					
12. Do release detection records indicate indicate a suspected release?					
13. If yes, were all suspected releases properly investigated? (If Yes, include info in Notes section.)					

Notes:_____

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Inspector's Signature:	Date:

STATISTICAL INVENTORY RECONCILIATION	FACILITY ID # _____-_____

(Answer Yes or No for each Question)

1. Are monthly water level readings recorded?					
2. Is equipment capable of measuring product level to the nearest 1/8 of an inch over entire height of tank?					
3. Have all dispensers been calibrated in the last 12 months?					
4. Are the tanks equipped with drop tubes?					
5. Do release detection records indicate a suspected release?					
6. If yes, were all suspected releases properly investigated? (If Yes, include information in Notes section.)					

SIR RESULTS (Indicate PASS (P), FAIL (F), or Inconclusive (I), or None)

Month/ Year	Tank	Tank	Tank	Tank	Tank
January 20_____					
February 20_____					
March 20_____					
April 20_____					
May 20_____					
June 20_____					
July 20_____					
August 20_____					
September 20_____					
October 20_____					
November 20_____					
December 20_____					

7. SIR Vendor Name:

Notes:_____

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Inspector's Signature:	Date:

MANUAL TANK GAUGING	FACILITY ID # _____-_____

Manual tank gauging may be used as a sole method of leak detection on 1,000 gallon or smaller tanks. Manual tank gauging may be used with tank tightness testing on tanks between 1,001 and 2,000 gallons. Manual Tank Gauging when combined with tank tightness testing may only be used for the first 10 years of the life of the tank, or 10 years from the date of upgrade, whichever is later.

Tank Number	Tank	Tank	Tank	Tank	Tank
Tank Size (In Gallons)					

(Answer Yes or No for each Question)

1. Are all tanks for which MTG is used ≤ 2000 gallons in capacity?.					
2. Is time interval between stick readings appropriate for tank size? (see Standard Chart below)					
3. Do records indicate measurements based on an average of two consecutive stick readings at both beginning and end of period?					
4. Is equipment capable of measuring product level to the nearest 1/8 inch over entire height of tank?					
5. Can product level be measured to the nearest 1/8 inch over entire height of tank?					
6. Is MTG used as sole method of leak detection for tank?					
7. Are monitoring records available for the last 12 months?					
8. Is MTG used in combination with tank tightness testing? (If Yes, see Line 9)					
9. Are tank tightness test results available for tanks using combined method?					
10. Do release detection records indicate a suspected release?					
11. If yes, were all suspected releases properly investigated? (If Yes, include information in Notes section.)					

Beginning and ending averages must be within the weekly and monthly standards to be considered tight.

Nominal Tank Capacity (In Gallons)	Tank Dimensions	Weekly Standard (1 test-gallons)	Monthly Std. (4-test average)	Minimum Test Duration
550	N/A	10	5	36 hours
551-1,000	N/A	13	7	36 hours
1,000	64" diameter x 73" length	9	4	44 hours
1,000	48" diameter x 128" length	12	6	58 hours
1,001-2,000	N/A	26	13	36 hours

Notes:_____

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Inspector's Signature: | Date:

VAPOR WELL MONITORING	FACILITY ID # _____-_____

SITE ASSESSMENT INFORMATION

1. Was appropriate site assessment conducted? Yes _____ Date _____ No _____
2. Site assessment was conducted by: _____
3. Do assessment results indicate that site is suitable for vapor monitoring as a leak detection method? Yes _____ No _____

VAPOR WELL INFORMATION

4. Date wells were installed: _____ 5. Total number of wells:_____
6. Are wells placed inside UST excavation zone? Yes _____ No _____ Unknown _____
7. Is backfill material sufficiently porous? Yes_____ No _____ Unknown _____
8. Are wells clearly marked? Yes _____ No _____ Are wells caps secured? Yes _____ No_____
9. Are wells constructed so that water won't interfere with operation? Yes _____ No_____

VAPOR MONITORING SYSTEM

10. What type of monitoring equipment is used?_____
11. Is equipment **(STATIONARY)** or **(PORTABLE)** ? Circle One
12. Has stationary monitoring equipment been third-party certified? Yes _____ No_____
13. Has the equipment been certified to detect vapors from all products being monitored? Yes _____ No_____
14. Is a non-volatile product being monitored by means of a tracer compound? Yes _____ No_____
    If Yes, what is the tracer method? _____
15. When was portable vapor monitoring equipment last calibrated? Date: _____

VAPOR MONITORING TEST RESULTS

16. Is documentation of monthly readings available for the last 12 months? Yes _____ No_____
17. Are background vapor levels established and used in monthly testing? Yes _____ No_____
18. Are all readings below background vapor levels? Yes _____ No_____
    (If No, indicate which wells and when in Notes.)
19. Do vapor monitoring records indicate a suspected release? Yes _____ No_____
    (If Yes, include information in Notes Section.)

Notes:_____

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Inspector's Signature:	Date:

GROUNDWATER MONITORING	FACILITY ID # _____-_____

SITE ASSESSMENT INFORMATION

1. Was appropriate site assessment conducted? Yes _____ Date _____ No _____
2. Site assessment was conducted by: _____
3. Do assessment results indicate that site is suitable for groundwater monitoring as a leak detection method? Yes _____ No _____
4. Does assessment indicate hydraulic conductivity of soil is > .01 cm/sec? Yes _____ No _____

TANK AND PRODUCT INFORMATION

5. Tank Number	Tank	Tank	Tank	Tank	Tank
6. Product Stored					
7. Is specific gravity of monitored product < 1? Yes _____ No _____					

GROUNDWATER WELL INFORMATION

8. Date wells were installed: _____ 9. Total number of wells:_____
10. Are wells placed inside UST excavation zone? Yes _____ No _____ Unknown _____
11. Are wells clearly marked? Yes _____ No _____ Are wells caps secured? Yes _____ No_____
12. Is water within 20 feet of surface at the time of the inspection? Yes _____ No_____

13. Water Level	Well	Well	Well	Well	Well

GROUNDWATER MONITORING SYSTEM

14. Groundwater Sampling Method
ELECTRONIC, (product sensor)- (go to lines 15-18) **MANUAL,** (bailer)- (go to lines 18-20)
15. Is Electronic Sampling: **CONTINUOUS METHOD** _____ **PERFORMED MONTHLY** _____
16. Are sensors present in all monitoring wells? Yes _____ No _____
17. Is all monitoring equipment functional? Yes _____ No _____
18. Are the last 12 months of monitoring results available? Yes _____ No _____
19. Is manual sampling method capable of detecting 1/8 inch of free product? Yes _____ No _____
20. Do monthly monitoring records indicate a suspected release? Yes _____ No _____
(If Yes, include information in Notes section.)

Notes:_____

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Inspector's Signature:	Date:

INTERSTITIAL MONITORING	FACILITY ID # _____-_____				
MONITORING METHOD					
Tank Number	Tank	Tank	Tank	Tank	Tank
1. Electronic (E), Manual (M)					
2. Type of Monitoring Device: Visual (Vis), Liquid Phase (Liq), Vacuum (Vac)					
3. Frequency: Indicate: Continuous (C), or Monthly (M)					
4. Are previous 12 months of monthly monitoring records available? (Yes or No)					
DOUBLE WALL TANK/ PIPING					
5. Annular Area Contents- Vacuum (Vac), Air (A), or Saline Solution (SS)					
INTERNAL BLADDER / EXTERNAL BARRIER (Geo Liner)					
6. Is secondary barrier an artificial material? (Yes or No) If Yes, type of liner: _____					
7. Is an internal liner used in tank(s) (Yes or No)					
8. Is monitoring method Automatic (A) or Manual (M)?					

SUMP SENSORS / OTHER METHODS

9. Can the owner demonstrate that sump sensors will provide positive shutoff to the pump? Yes _____ No _____

10. Is the system designed to allow product to flow to sensor location? Yes _____ No _____

11. Can the owner document that manufacturer's recommendations for sensor testing / replacement are being followed? Yes _____ No _____

12. Does the system have automatic line leak detection in addition to sump sensors? Yes _____ No _____

13. Has the other method been third-party certified? (Describe method in Notes below) Yes _____ No _____

14. Do monthly monitoring records indicate a suspected release? Yes _____ No _____
(If Yes, include information in Notes section.)

15. Can owner/operator provide documentation that all suspected releases have been investigated? Yes _____ No _____
(If Yes, include information in Notes section.)

Notes:_____

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Inspector's Signature:	Date:

ILLEGAL DELIVERY OF PETROLEUM	FACILITY ID # _____-_____

1. Distributor's Name: _____

2. Address: _____ Zip: _____

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3. Phone: _____

4. Are fuel delivery invoices available ? Yes_____ No_____ If Yes, complete table below.

Date	Invoice Number	Type of Product Delivered	Amount of Product Delivered	Cost of Product Delivered	Truck Number	License Number	Driver's Name

NOTE: Secure photocopies of all available delivery receipts if possible.

Notes:_____

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Store Operator's Signature:	Date:
Inspector's Signature:	Date:

TOS/ POS/ EXEMPT TANK STATUS	FACILITY ID # _____-_____				
1. Mark one for each tank: POS (see line 4), TOS (see line 6), Exempt (see line 11), Not Reported (see line 12)	Tank	Tank	Tank	Tank	Tank
2. If tank is POS/TOS, when was it placed on POS/TOS status? Give date.					
PERMANENTLY OUT OF SERVICE (POS)					
3. If date is prior to Jan. 1, 1974, see line 10.					
4. If POS date is less than three years, are closure information and soil sample results available? (Yes or No)					
5. Check Division files for proper status. If No, send NOV for failure to properly close.					
TEMPORARILY OUT OF SERVICE (TOS)					
6. If tank is TOS, is tank (Empty) or (Storing) product?					
7. If TOS with <1" of product, mark Yes, if No, Go to line 8.					
8. If storing, complete section of Method of Leak Detection for Tanks (Schedule A)					
9. Are TOS tanks equipped with Corrosion Protection? If Yes, complete Schedule B. If No, send NOV for failure to permanently close substandard tanks.					
EXEMPT TANKS					
10. If marked POS prior to Jan. 1, 1974, then indicate in Notes tank #, size, and last contents stored.					
11. If marked Exempt due to use, list Tank #, Size, Contents, and use of product in Notes.					
12. TANK NOT REGISTERED, but Currently In Use, complete Schedule K.					

Notes:_____

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Inspector's Signature:	Date:

SITE SKETCH

In the space below, sketch the facility (tanks, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

Facility Name: _____

FACILITY ID # _____-_____

Notes: _____

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Inspector's Signature: | Date: